PCT

REQUEST

To receiving office use only
International Application No.
International Filing Date
Name of receiving Office and "PCT International Application"
Name of receiving Office and "PCT International Application"

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The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) PA1761WO Box No. I TITLE OF INVENTION SYSTEM FOR VISUALISATION OF OPTICAL MARKINGS ON AN OPHTALMIC LENS, STAMP-MARKING DEVICE AND METHOD FOR ORIENTATION OF LENSES USING SUCH A SYSTEM This person is also inventor Box No. II **APPLICANT** Telephone No. Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Facsimile No. Tecoptique 180 rue du Genevois F-73000 CHAMBERY Teleprinter No. France Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: FRANCE **FRANCE** the United States the States indicated in the all designated all designated States except the This person is applicant United States of America of America only Supplemental Box States for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Box No. III This person is: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this applicant only Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) applicant and inventor DEMARCHI Henri Dominico inventor only (If this check-box 249 Chemin Louis de Pingon F-73290 LA MOTTE SERVOLEX is marked, do not fill in below.) France Applicant's registration No. with the Office State (that is, country) of residence: State (that is, country) of nationality: FRANCE **FRANCE** the United States the States indicated in the all designated States except This person is applicant for all designated the United States of America Supplemental Box of America only the purposes of: States Further applicants and/or (further) inventors are indicated on a continuation sheet. BOX NO. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the agent common representative applicant(s) before the competent International Authorities as: Telephone No. (Family name followed by given name; for a legal entity, full official Name and address: + 33 4 76 84 95 45 designation. The address must include postal code and name of country.) **HECKE Gerard / JOUVRAY Marie-Andree** Facsimile No. + 33 4 76 84 95 48 Cabinet HECKE WTC Europole, 5 place Robert Schuman - BP 1537 Teleprinter No. F-38025 GRENOBLE Cedex 1 Agent's registration No. with the Office FRANCE

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used

instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)					
If none of the following sub-boxes is used, this sheet should not be included in the request.					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) NACCARATO Joseph Provonges F-74150 SALES France	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of res ITALY	idence: FRANCE				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nited States the States indicated in the Supplemental Box				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of res	idence:				
This person is applicant for all designated all designated States except the United States of America only the States indicated in the Supplemental Box					
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)				
	Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of res	idence:				
	nited States the States indicated in the Supplemental Box				
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)				
	Applicant's registration No. with the Office				
State (that is, country) of nationality: State (that is, country) of res	sidence:				
This person is applicant for the United States all designated all designated States except the United States the States indicated in the United States of America only Supplemental Box					
Further applicants and/or (further) inventors are indicated on another continuation sheet.					

Box No. VI PRIORIT	Box No. VI PRIORITY CLAIM						
The priority of the following earlier application(s) is hereby claimed:							
Filing date	Number	Number Where earlier application is:					
of earlier application (day/month/year)	ion of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office			
item (1) 14/04/2003	0304654	FRANCE					
item (2)							
item (3)							
item (4)							
item (5)							
Further priority c	laims are indicated in the S	Supplemental Box.					
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:							
all items item (1) item (2) item (3) item (4) item (5) other, see Supplemental Box							
*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):							
Box No. VII INTERNATIONAL SEARCHING AUTHORITY							
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA /EP							
Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):							
Date (day/month/year) 14/04/2003	Number 0304654		Country (or regional Off FRANCE	îce)			
Box No. VIII DECLARATIONS							
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in humber of the right column the number of each type of declaration): Number of declarations							
Box No. VIII (i)	Box No. VIII (i) Declaration as to the identify of the inventor :						
Box No. VIII (ii)	Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :						
Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :							
Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America):							
Box No. VIII (v)	Declaration as to non-pro-	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty:					

Box No. IX CHECK LIST; LANGUAGE OF FILING					
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the item(s) (mark the applicable check-boxes below and i right column the number of each item):				
request (including declaration sheets) : 4 description (excluding sequence listings and/or tables related thereto) : 13 claims : 3 abstract : 1 drawings : 8 Sub-total number of sheets : 29 sequence listings : tables related thereto : (for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) : Total number of sheets : 29 (b) only in computer readable form	1. ☐ fee calculation sheet 2. ☐ original separate power of attorney 3. ☐ original general power of attorney 4. ☐ copy of general power of attorney; reference refany: 5. ☐ statement explaining lack of signature 6. ☐ priority document(s) identified in Box No. VI item(s): 7. ☐ translation of international application into (language): 8. ☐ separate indications concerning deposited microorganism or other biological material 9. ☐ sequence listing in computer readable form (intype and number of carriers) (i) ☐ copy submitted for the purposes of international application) (ii) ☐ (only where check-box (b)(i) or (c)(i) is multiple and number of check-box (b)(i) or (c)(i) is multiple and number check-box (b)(i) or (c)(i) is multiple and	as : as : indicate ational part of :			
(Section 801(a)(i)) (i) sequence listings (ii) tables related thereto (c) also in computer readable form (Section 801(a)(ii)) (i) sequence listings (ii) tables related thereto Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the sequence listings tables related thereto (additional copies to be indicated under item 9(ii), in right column)	in left column) additional copies including applicable, the copy for the purposes of international search under Rule 13ter (iii) together with relevant statement as to the of the copy or copies with the sequence limentioned in left column 10. tables in computer readable form related to selistings (indicate type and number of carriers (i) copy submitted for the purposes of international application) (ii) (only where check-box (b)(ii) or (c)(ii) is in left column) additional copies including applicable, the copy for the purposes of international search under Section 802(b-(iii) together with relevant statement as to the copy or copies with the tables mentioned 11. other (specify): Copy of Search Report	g, where identity stings quence) ational (and not marked g, where quater) identity of the in left column			
Figure of the drawings which should accompany the abstract: 4 Language of filing of the international application: French Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). Gerard HECKE / Marie-Andree JOUVRAY					
Cabinet HECKE Cabinet HECKE Grenoble, April 5, 2004 WTC Europole - 5 Place Robert Schuman BP 1537 38025 Grenoble Cedex 1, France (FR) For receiving Office use only					
Date of actual receipt of the purported international application:	. S. Feeding Office use only	2. Drawings:			
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 4. Date of timely receipt of the required corrections under PCT Article 11(2): 5. International Searching Authority (if two or more are competent): ISA /		received:			
For International Bureau use only Date of receipt of the record copy by the International Bureau:					